



DOCUMENTATION OF DEEP SEDATION AND GENERAL ANESTHESIA OR MODERATE SEDATION CASES FOR PEDIATRIC ENDORSEMENT

This document shall be completed in its entirety as part of the initial application for a pediatric endorsement (for both general anesthesia and moderate sedation permits) or as a condition of the renewal application for a general anesthesia permit that includes a pediatric endorsement as provided in Section 1017.1 of Title 16 of the California Code of Regulations (16 CCR) or your application will not be processed (Title 16 CCR section 1004). The requirements for a completed initial application for a pediatric endorsement to a general anesthesia permit or a moderate sedation permit are listed in 16 CCR section 1043.8.1. Attach additional sheets to this form as necessary. Any material misrepresentation of any information on this form is grounds for denial or subsequent revocation of the permit.

The information requested on this form is mandatory pursuant to Business and Professions Code sections 1646.2 and 1647.3 and Title 16 CCR section 1043.8.1. The information provided will be used to determine qualifications for a pediatric endorsement to a general anesthesia or moderate sedation permit. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 92815, Executive Officer, 916-263-2300.

Notice for General Anesthesia Permit Applicants Seeking Pediatric Endorsement or Renewal of Endorsement:

All applicants must meet the patient monitoring and staff qualification requirements listed in Section 1646.1 of the Business and Professions Code.

Each applicant must provide proof of at least 20 cases of deep sedation or general anesthesia to patients under seven years of age **in the 24-month time period directly preceding application** for a pediatric endorsement to establish competency, both at the time of initial application and at renewal. The applicant or permitholder shall maintain and be able to provide proof of these cases upon request by the board for up to three permit renewal periods.

Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of pediatric sedation to patients under seven years of age may administer deep sedation and general anesthesia to patients under seven years of age under the direct supervision of a general anesthesia permitholder with a pediatric endorsement. The applicant may count these cases toward the 20 cases required to qualify for the applicant's pediatric endorsement. (Business and Professions Code section 1646.2.)

Notice for Moderate Sedation Permit Applicants Seeking Pediatric Endorsement or Renewal of Endorsement:

All applicants must meet the patient monitoring and staff qualification requirements listed in Section 1647.2 of the Business and Professions Code.

Each applicant must provide proof of successful completion of at least 20 cases of moderate sedation to patients under thirteen years of age to establish competency in pediatric moderate sedation, both at the time of the initial application and at renewal. The applicant or permitholder shall maintain and shall provide proof of these cases upon request by the board for up to three permit renewal periods.

In order to provide moderate sedation to children under seven years of age, a dentist shall establish and maintain current competency for this pediatric population by completing at least 20 cases of moderate sedation for children under seven years of age **in the 24-month period immediately preceding application** for the pediatric endorsement and for each permit renewal period.

Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of moderate sedation to patients under thirteen years of age may administer moderate sedation to patients under thirteen years of age under the direct supervision of a general anesthesia or moderate sedation permitholder with a pediatric endorsement. The applicant may count these cases toward the 20 required in order to qualify for the applicant's pediatric endorsement.

Moderate sedation permit holders with a pediatric endorsement seeking to provide moderate sedation to children under seven years of age, but who lack sufficient cases of moderate sedation to patients under seven years of age pursuant to paragraph (3) of subdivision (d), may administer moderate sedation to patients under seven years of age under the direct supervision of a permitholder who meets those qualifications. (Business and Professions Code section 1647.3.)

1. APPLICANT'S LEGAL NAME: LAST	FIRST	MIDDLE
2. MEDICAL OR DENTAL LICENSE NUMBER:		
3. SPECIFY THE TYPE OF PEDIATRIC ENDORSEMENT YOU ARE REQUESTING.		
<div style="margin-left: 40px;"> <input type="checkbox"/> DEEP SEDATION AND GENERAL ANESTHESIA FOR PEDIATRIC PATIENTS UNDER THE AGE OF SEVEN. <ul style="list-style-type: none"> ▪ (FOR GENERAL ANESTHESIA PERMIT APPLICATION) </div> <div style="margin-left: 40px; margin-top: 10px;"> <input type="checkbox"/> MODERATE SEDATION FOR PEDIATRIC PATIENTS UNDER THE AGE OF THIRTEEN. <ul style="list-style-type: none"> ▪ (FOR MODERATE SEDATION PERMIT APPLICATION) </div>		
4. FOR APPLICANTS FOR A MODERATE SEDATION PERMIT ONLY, PLEASE COMPLETE THIS SECTION (see requirements in the notice statement above for providing moderate sedation to children under seven years of age):		
5. FOR ALL APPLICANTS, PLEASE PROVIDE ALL THE FOLLOWING INFORMATION ON THIS FORM OR IN ATTACHMENTS TO THIS FORM BY CASE NUMBER:		
<ul style="list-style-type: none"> (1) Pediatric patient's sex, age, and weight; (2) Date of general anesthesia or moderate sedation procedure; (3) Type of dental procedure performed and duration of general anesthesia or moderate sedation; (4) A description of the method, amount, and specific general anesthesia or moderate sedation agent administered; (5) A statement on how the pediatric patient was monitored and by whom; and, (6) Pediatric patient's condition at discharge. 		
A. ARE YOU SEEKING TO PROVIDE MODERATE SEDATION TO CHILDREN UNDER THIRTEEN YEARS OF AGE?		
YES ____ NO ____		
B. IF YES TO QUESTION 5.A., PLEASE CHECK ALL THAT APPLY:		
<input type="checkbox"/> I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER THIRTEEN YEARS OF AGE AS NOTED ON THIS FORM OR RELATED ATTACHMENTS		
<input type="checkbox"/> I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER THIRTEEN YEARS OF AGE UNDER DIRECT SUPERVISION BY ANOTHER PERMITHOLDER AS NOTED ON THIS FORM OR RELATED ATTACHMENTS		
<input type="checkbox"/> I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER THIRTEEN YEARS OF AGE BOTH INDEPENDENTLY AND UNDER DIRECT SUPERVISION BY ANOTHER PERMITHOLDER AS NOTED ON THIS FORM OR RELATED ATTACHMENTS		
6. A. ARE YOU SEEKING TO PROVIDE MODERATE SEDATION TO CHILDREN UNDER SEVEN YEARS OF AGE?		
YES ____ NO ____		
B. IF YES TO QUESTION 6.A., PLEASE CHECK ONE OF THE FOLLOWING:		
<input type="checkbox"/> I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER SEVEN YEARS OF AGE AS NOTED ON THIS FORM OR RELATED ATTACHMENTS.		
<input type="checkbox"/> I DID NOT COMPLETE AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER SEVEN YEARS OF AGE INDEPENDENTLY BUT I ADMINISTER MODERATE SEDATION TO PATIENTS UNDER SEVEN YEARS OF AGE UNDER THE DIRECT SUPERVISION OF A PERMITHOLDER WHO MEETS THOSE QUALIFICATIONS.		

APPLICANTS MUST PROVIDE THE FOLLOWING FOR EACH CASE OCCURRING WITHIN 24 MONTHS IMMEDIATELY PRECEDING APPLICATION FOR THE PEDIATRIC ENDORSEMENT.

CASE 1	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 2	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 3	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 4	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 5	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 6	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 7	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 8	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 9	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 10	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 11	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 12	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 13	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 14	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 15	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 16	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 17	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 18	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS)	TYPE OF PROCEDURE:

CASE 19		PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 20	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
Certification - I certify under penalty of perjury under the laws of the State of California that the foregoing information, including all attachments, is true and correct.			
_____		_____	
Date		Signature of Applicant	